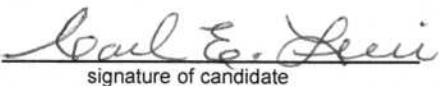
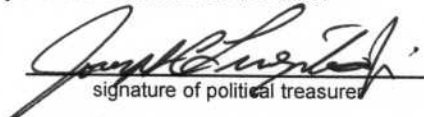
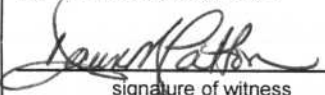
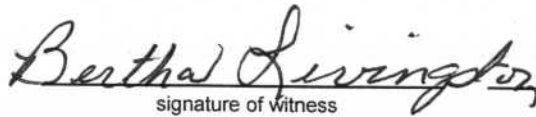


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT JAN. 15, 2010		2.a. NAME OF CANDIDATE OR COMMITTEE CARL E LEVI	
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE NOV. 2, 2010	
4.a. CAMPAIGN ADDRESS AND PHONE <div style="display: flex; justify-content: space-between;"> Street or Rural Route City State Zip Code Phone </div> 3428 GLENDON DR CHATTANOOGA TN 37403 (423) 698-3997			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) <div style="display: flex; justify-content: space-between;"> Street or Rural Route City State Zip Code Phone </div>			
5. OFFICE SOUGHT (include district number, if applicable) HAMILTON COUNTY TRUSTEE		6. NAME OF POLITICAL TREASURER (may be candidate) JOSEPH C. LIVINGSTON, JR EA	
7. CATEGORY OR REPORT (Check one) <div style="display: flex; justify-content: space-between; font-size: small;"> <div> <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER </div> <div> <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input checked="" type="checkbox"/> YEAR-END SUPPLEMENTAL </div> </div>			
8.a. BEGINNING DATE OF REPORTING PERIOD JUL. 1, 2009		8.b. ENDING DATE OF REPORTING PERIOD JAN. 15, 2010	
9. (Check one) a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.			
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  signature of candidate </div> <div style="text-align: center;"> 1/26/10 date </div> <div style="text-align: center;">  signature of political treasurer </div> <div style="text-align: center;"> 1-26-10 date </div> </div>			
11. WITNESS SIGNATURE <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  signature of witness </div> <div style="text-align: center;"> 1/26/10 date </div> <div style="text-align: center;">  signature of witness </div> <div style="text-align: center;"> date </div> </div>			
12. SUMMARY <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD c. TOTAL DISBURSEMENTS THIS PERIOD d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) e. TOTAL LOANS OUTSTANDING f. TOTAL OBLIGATIONS OUTSTANDING </div> <div style="width: 15%; text-align: right;"> \$ 31,782 \$ 5,250 \$ -0- \$ 37,032 \$ 25,000 \$ -0- </div> </div>			



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) _____	14. REPORT COVERING THE PERIOD FROM: _____ TO: _____	
--	---	--

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 1050

b. Itemized Contributions (over \$100 from each source this period) \$ 4200

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 5250

16. LOANS RECEIVED THIS REPORTING PERIOD \$ -

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ _____

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 5250

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Total of Expenditures (\$100 or less each payee) \$ 0

b. Itemized Expenditures (Over \$100 each payee this period) \$ 0

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 0

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 0

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ _____

b. Itemized in-kind contributions (over \$100 from each source this period) \$ _____

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 0

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ _____

b. Itemized Obligations Outstanding (Over \$100 each) \$ _____

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ 0



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE CALL E LEVE				2. REPORT COVERING THE PERIOD FROM: 7-1-09 TO: 1-15-10	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name SCOTT		Middle Name N		Contribution Received For:	
Last Name/Organization Name BROWN, JR				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address PO BOX 1749				<input type="checkbox"/> Runoff (Local Elections Only)	
City CHATTANOOGA		State TN	Zip Code 37401	Date of Contribution 11-10-09	Amount of Contribution 250
Occupation				Aggregate This Election 250	
Employer					
First Name ROBERT		Middle Name P		Contribution Received For:	
Last Name/Organization Name CRESWELL				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 109 VALLEYBROOK RD				<input type="checkbox"/> Runoff (Local Elections Only)	
City HIXSON		State TN	Zip Code 37415	Date of Contribution 11-12-09	Amount of Contribution 500
Occupation				Aggregate This Election 500	
Employer					
First Name ROGER		Middle Name W		Contribution Received For:	
Last Name/Organization Name DICKSON				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 3067 FOLTS CR				<input type="checkbox"/> Runoff (Local Elections Only)	
City CHATTANOOGA		State TN	Zip Code 37415	Date of Contribution 11-20-09	Amount of Contribution 500
Occupation				Aggregate This Election 500	
Employer					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name FIRST TENNESSEE LOCAL PAC				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address PO BOX 84				<input type="checkbox"/> Runoff (Local Elections Only)	
City MEMPHIS		State TN	Zip Code 38101	Date of Contribution 11-2-09	Amount of Contribution 250
Occupation N/A				Aggregate This Election 250	
Employer N/A					
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					1500



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE CARL E LEVI				2. REPORT COVERING THE PERIOD FROM: 7-1-09 TO: 1-15-10	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 1500	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name SARAH		Middle Name H		Contribution Received For:	
Last Name/Organization Name MC MILLAN		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Amount of Contribution 500	
Address 129 HILL RD.		<input type="checkbox"/> Runoff (Local Elections Only)			
City CHATTANOOGA	State TN	Zip Code 37415	Date of Contribution 11-1-09		Aggregate This Election 500
Occupation					
Employer					
First Name JAMES		Middle Name F		Contribution Received For:	
Last Name/Organization Name MC MILLAN		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Amount of Contribution 500	
Address 129 HILL RD		<input type="checkbox"/> Runoff (Local Elections Only)			
City CHATTANOOGA	State TN	Zip Code 37415	Date of Contribution 11-1-09		Aggregate This Election 500
Occupation					
Employer					
First Name CLAYTON		Middle Name R		Contribution Received For:	
Last Name/Organization Name MC WHORTER		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Amount of Contribution 200	
Address 113 SEABOARD LN #A-250		<input type="checkbox"/> Runoff (Local Elections Only)			
City FRANKLIN	State TN	Zip Code 37067	Date of Contribution 11-3-09		Aggregate This Election 200
Occupation					
Employer					
First Name HOWELS		Middle Name D		Contribution Received For:	
Last Name/Organization Name MILLER		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		Amount of Contribution 250	
Address 1502 DALEWOOD DR		<input type="checkbox"/> Runoff (Local Elections Only)			
City CHATTANOOGA	State TN	Zip Code 37411	Date of Contribution 12-28-09		Aggregate This Election 250
Occupation					
Employer					
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					2950



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE CARL E LEVI				2. REPORT COVERING THE PERIOD FROM: 7-1-09 TO: 1-15-10	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 2950
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name C		Middle Name A		Contribution Received For:	
Last Name/Organization Name PARKS				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address PO BOX 3308				<input type="checkbox"/> Runoff (Local Elections Only)	
City CHATTANOUGA	State TN	Zip Code 37404		Date of Contribution 11-9-09	Amount of Contribution 200
Occupation				Aggregate This Election 200	
Employer					
First Name SCOTT		Middle Name L		Contribution Received For:	
Last Name/Organization Name PROBASCO, JR				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address PO BOX 1638				<input type="checkbox"/> Runoff (Local Elections Only)	
City CHATTANOUGA	State TN	Zip Code 37401		Date of Contribution 11-2-09	Amount of Contribution 250
Occupation				Aggregate This Election 250	
Employer					
First Name T		Middle Name D		Contribution Received For:	
Last Name/Organization Name RODGERS LTG(R)				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 255 CHERRY ST				<input type="checkbox"/> Runoff (Local Elections Only)	
City CHATTANOUGA	State TN	Zip Code 37403		Date of Contribution 11-12-09	Amount of Contribution 200
Occupation				Aggregate This Election 200	
Employer					
First Name KARLA		Middle Name		Contribution Received For:	
Last Name/Organization Name MEKAMEY-VALADEZ				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address 4820 ROLLING MEADOWS LN				<input type="checkbox"/> Runoff (Local Elections Only)	
City SIGNAL MNT.	State TN	Zip Code 37377		Date of Contribution 11-12-09	Amount of Contribution 400
Occupation				Aggregate This Election 400	
Employer					
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					4000



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE CARL E LEVI				2. REPORT COVERING THE PERIOD FROM: 7-1-09 TO: 1-15-10	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 4000
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name GREG		Middle Name A		Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Last Name/Organization Name VITAL				Amount of Contribution 200	
Address				Date of Contribution 11-20-09	
City		State		Zip Code	
Occupation				Aggregate This Election 200	
Employer					
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Last Name/Organization Name				Amount of Contribution	
Address				Date of Contribution	
City		State		Zip Code	
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Last Name/Organization Name				Amount of Contribution	
Address				Date of Contribution	
City		State		Zip Code	
Occupation				Aggregate This Election	
Employer					
First Name		Middle Name		Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	
Last Name/Organization Name				Amount of Contribution	
Address				Date of Contribution	
City		State		Zip Code	
Occupation				Aggregate This Election	
Employer					
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					4200



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <div style="font-size: 1.2em; font-family: cursive;">CARL E LEVI</div>			2. REPORT COVERING THE PERIOD FROM: <u>7-1-09</u> TO: <u>1-15-10</u>		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES					
(Carry forward to item 3. of next page if additional pages of this form are used.)					
(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <div style="font-size: 1.2em; font-family: cursive;">CARL E LEVI</div>				2. REPORT COVERING THE PERIOD FROM: <div style="font-size: 1.2em; font-family: cursive;">7-1-09</div> TO: <div style="font-size: 1.2em; font-family: cursive;">1-15-10</div>			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)							
Complete the Following for the Source of the Loan							
First Name <div style="font-size: 1.2em; font-family: cursive;">CARL</div>		Middle Name <div style="font-size: 1.2em; font-family: cursive;">E</div>		Outstanding Loan Balance (Beginning of Period) <div style="font-size: 1.2em; font-family: cursive;">25,000</div>		Loans Received <div style="font-size: 1.2em; font-family: cursive;">—</div>	
Last Name/Organization Name <div style="font-size: 1.2em; font-family: cursive;">LEVI</div>						Outstanding Loan Balance (End of Period) <div style="font-size: 1.2em; font-family: cursive;">25,000</div>	
Address <div style="font-size: 1.2em; font-family: cursive;">3628 GLENDON DR</div>				Loan Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Date of Loan <div style="font-size: 1.2em; font-family: cursive;">2-25-02</div>	
City <div style="font-size: 1.2em; font-family: cursive;">CHATTANOOGA</div>		State <div style="font-size: 1.2em; font-family: cursive;">TN</div>		Zip Code <div style="font-size: 1.2em; font-family: cursive;">37403</div>			
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)							
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		City		State	
		Zip Code				Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		City		State	
		Zip Code				Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		City		State	
		Zip Code				Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
First Name		Middle Name		First Name		Middle Name	
Last Name/Organization Name				Last Name/Organization Name			
Address				Address			
City		State		City		State	
		Zip Code				Zip Code	
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding			
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)				Outstanding Loan Balance (Beginning of Period) <div style="font-size: 1.2em; font-family: cursive;">25,000</div>		Loans Received <div style="font-size: 1.2em; font-family: cursive;">—</div>	
				Loan Payments <div style="font-size: 1.2em; font-family: cursive;">—</div>		Outstanding Loan Balance (End of Period) <div style="font-size: 1.2em; font-family: cursive;">25,000</div>	